

**SALARY DEFERRAL AGREEMENT
GOVERNMENTAL 457(b) PLAN**

City of Riverside Employee's Deferred Compensation Plan

98246-01

Participant Information

_____ Last Name	_____ First Name	_____ MI
_____ Address - Number & Street		
_____ City	_____ State	_____ Zip Code
() Home Phone	() Work Phone	

_____ Social Security Number			
_____ E-Mail Address			
Mo	Day	Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____ Date of Birth			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

☐ New Enrollment ☐ Restart ☐ Increase Payroll Deduction ☐ Decrease Payroll Deduction ☐ Stop Deductions

Specify the following:

☐ I elect to contribute \$_____ (per pay period) of my compensation as before—tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Multiple Recordkeepers

Specify recordkeeper name(s) and dollar amount you wish to allocate per pay period.

RECORDKEEPER NAME:	\$ PER PAY PERIOD:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Required Signatures – I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature

Date

Authorized Plan Administrator/Trustee Signature

Date

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
Great-West Retirement ServicesSM
P.O. Box 173764, Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-800-701-8255 **Fax#:** 1-303-737-4355

